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**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

DAVID EUGENE FAYARD
License No. 313411
12099 Seman Rd.
Vanceleave, MS 39565

4506 Kreole Ave.
Moss Point, MS 39563-3527

2942 W. Royal Ln., Apt. # 3155
Irving, TX 75063-6260

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2012-086-LC

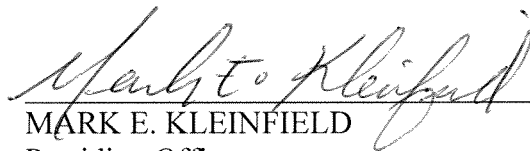
Enf. Case No. 3146

DEFAULT

On Tuesday, the 12th day of March 2013, at 9:00 a.m., the date and time set for the Hearing on the Order to Show Cause in this matter, the Complainant appeared by and through its attorney, M. Gale Lemmon, Assistant Attorney General, the Respondent failed to appear either in person or through counsel. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, the Default of the Respondent is hereby entered.

DATED this 13th day of March, 2013.

TODD E. KISER
INSURANCE COMMISSIONER



MARK E. KLEINFELD
Presiding Officer

DEFAULT ORDER

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Motion for Order to Show Cause as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

1. The insurance license of the Respondent, David Eugene Fayard, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.

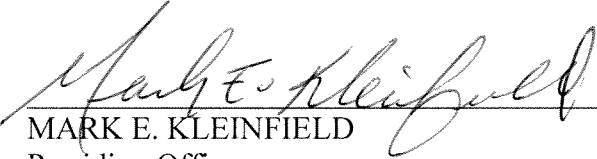
NOTIFICATION

Respondent is hereby notified that failure to abide by the terms of this Order may subject it to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the filing of an action to enforce this Order in the District Court which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 13th day of March, 2013.

TODD E. KISER
INSURANCE COMMISSIONER



MARK E. KLEINFELD

Presiding Officer
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail postage prepaid, a true and correct copy of the attached:

DEFAULT AND
DEFAULT ORDER

LICENSE REVOKED

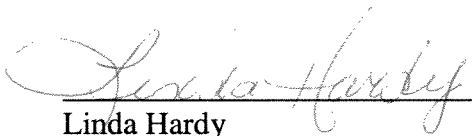
To the following:

David Fayard
12099 Seaman Rd
Vanceleave, MS 39565

David Fayard
4606 Kreole Ave.
Moss Point, MS 39563-3527

David Fayard
2942 W. Royal Lane, Apt.# 3115
Irving, TX 75063-6260

DATED this 13th day of March, 2013.



Linda Hardy
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901